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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### SHALL THE SPREAD OF SYPHILITIC POISON BE PREVENTED?

BY G. B. H. SWAYZE, M.D.,  
Of Philadelphia.

(Concluded from page 286.)

#### HOW DOES THE MATTER STAND?

The agitation of the subject of legislation has roused an interest in the minds of women for the welfare of the fallen never before experienced. This is certain to result in some good. We welcome every moral agency set in operation to reclaim the erring. But when the ordinary moral agencies fail, legal means should be employed, and they become moral agencies also. Refuges in America prove insufficient. To reach the case something more direct is needed. Until recently the medical profession has been inexcusably reticent in regard to the remedy. I fear we have been obsequious patronizers of Madam Grundy. If we have avoided the question, through an impression it dare not be broached in ears polite, it is time we disabuse ourselves. While we have maintained silence, women writers and speakers have not shrunk from freely handling this subject with their pens and upon the platform. They have labored to secure the co-operation of the ministers. Through misconception of the subject, many of these have followed such leadership as presented itself, against legislation. Women never despise men so much as when men exhibit cowardice. If the thousands of male physicians in America have no opinions on the subject, is it not time we commence to

think. If we entertain convictions, but fear to declare them, then no great cause has anything to expect from our profession. The evil is monstrous, and our responsibility is proportionate to the evil. The people need more and better knowledge. Public sentiment must be enlightened by us. Prof. Gross, thoroughly comprehending our national danger, has fearlessly placed himself at the front, and called for reform. Dr. J. Marion Sims has hastened to join him in resisting the ravages of contagion. The editor of the MEDICAL AND SURGICAL REPORTER has earnestly and persistently maintained that the sanitary supervision of prostitution is an imperative necessity. To his enduring credit, he has, unaided by his fellow journalists, courageously sustained his advanced position on this momentous subject. The day will come when posterity will revere the names of those who braved the waves of prejudice, and raised the beacon of rescue to suffering humanity. But recruits are needed. Without troops, no general conquers the armies of a stubborn enemy. To accomplish substantial results, the ball of reform, when started, must be kept in motion. To this end we each must give it such impulse as our strength and position will admit. The question with each physician should not be "what will they do?" but it should be "what will I do for the cause?" Why the scourge of syphilis should have so long been permitted to sweep through the nation unresisted, will be a problem that future generations will strive in vain to solve. The world awaits redemption from this scourge at our hands. Has man ever undertaken a more humane mission for his fellow creatures?

## THE PLANS PROPOSED.

The plan proposed by Professor Gross embraces a number of the features of the St. Louis ordinance. It is uncomplicated and direct; a bill framed in clearest language; enforced by few officers; City Councils and police prohibited from serving on the board; examining physicians to be moral and educated men, appointed by the Board of Public charities; officers and physicians to be scrupulously conscientious in the discharge of duties; inspections to be regularly made; all women found unclean to be placed in quarantine, or under proper restraint; the law to be made to apply to males as well as females; sailors arriving in port, and soldiers stationed in barracks, to be inspected, etc.

Dr. Sims has proposed that syphilis be classed with small-pox and other contagions, and with them be brought under the control of boards of health in towns and cities; these boards to have "the power to search out the abode of syphilis, and to send its victims to hospitals for treatment." He opposes "class legislation" and "legislation that looks to licensing," as measures that "would outrage religious sentiment."

The plan of Dr. Sims is a step in the right direction, but it is a step entirely too short. It would be a source of rejoicing could our boards of health successfully search out the abodes of syphilis, and stamp it out of existence. But could they do so without registration of those engaged in prostitution? And where persons are engaged in the traffic of ill-fame, as a means of gain, is it an outrage upon religious sentiment to assess them, for the support and medical treatment of their infected? If class legislation for the traffic of the liquor dealer or druggist be right, why is it not also right for the traffic of prostitution?

In prostitution a class offer themselves as merchandise, for money, to all who will patronize; the flour merchant and the distiller are compelled to submit their merchandise to inspection; laws applying to prostitutes cannot be considered as affecting all women, any more than laws applying to liquor dealers affect all men; if a class need legislation, such legislation must be right.

Dr. Sims sustains Professor Gross in respect to inspecting sailors, but does not apply the same rule to soldiers.

I have the pleasure of here presenting the Report of the Committee appointed by the

American Medical Association at Louisville, to the Section of State Medicine, on the subject of legislation against the extension of venereal disease. This Report has just come to my hands, has never before been in print, and coming, as it does, from the highest medical authority in America, merits special attention at this juncture.

## REPORT ON PROPER LEGISLATION TO PREVENT THE SPREAD OF SYPHILIS.

The Committee appointed to suggest "Proper Legislation to Prevent the Spread of Syphilis" beg leave to report —

"That, in their judgment, there is no possibility of stamping out syphilis until all the nations of the world are protected by proper legislative measures. Great difficulties, unfortunately, surround the execution of laws having for their end the prevention of syphilis, and it is impracticable, at the present time, in view of the ignorance and prejudices of men, to secure more than partial legislation looking to this purpose. We can, therefore, only hope to obtain the passage, at first, of enactments having in view the regulation of persons engaged in the military and naval service of the Government, and also those ordinarily subject to the control and supervision of the police and municipal authorities of cities and large towns; though, in the end, we are convinced that the extension of this control and supervision to the whole civil population will be the inevitable legislation of all countries. Even partial legislation will do much good, for syphilis, however and whenever it originates, fixes itself in great populous centres, and has its habitat in the abodes of poverty, filth and vice, rising, in the end, from these conditions to the highest degree of social life, and contaminating whole communities in its march. A law similar in its purposes to the 'Contagious Diseases Acts' of Great Britain, properly adapted to the peculiar temper and genius of our people, and drawn with special reference to the character of our State and national governments, is, we think, both feasible and practicable; and its passage can be secured, we feel convinced, if the medical men of the nation are invoked to use all their personal, social, and even political influence with the legislatures of the different States and the national government. We name the national government for the reason that State legisla-

tion would not reach naval and military stations, and other places under national control. The operation of the Contagious Diseases Acts of Great Britain has been followed by the very best results. We learn, from the Report of the select Parliamentary Committee appointed to investigate the workings of these Acts, that not only has syphilis decreased, but prostitution has diminished, and its evils been much lessened, both in a moral and physical sense. Whilst many women are improved in health, quite a large number are restored to a virtuous and useful life. In adapting the British law to this country, it might be greatly amplified, as it does not extend to jails, houses of correction, and other places of detention for the vicious and depraved; nor does it include seamen and lewd women coming in vessels from foreign ports. One sailor may, as is well known, contaminate half a dozen women the few days he is in port, and these half dozen women may, in turn, inoculate hundreds of men. The provisions of the British law do not also embrace clandestine prostitutes, who constitute the large majority of the lewd women in our cities, and who might, by proper legislation, be brought under the *surveillance* of municipal authorities. This class of women are more frequently the means of communicating syphilis than those engaged in public prostitution. Lock hospitals, too, are not provided for by the British law, and these are indispensable for the proper working out of any plan to prevent the spread of syphilis. They should be established in the cities and large towns that are made subject to the requirements of the law, and at the military and naval stations of the government.

"Your committee have not deemed it expedient to submit the form of a law or laws for your approval, embodying the views herein suggested, not knowing the exact sentiment of the Association in relation to the subject. The framing of the necessary legal enactments would not only require much time, but great judgment, delicacy and care. It has been suggested that a mere enlargement of the powers of the health boards of cities would be sufficient to secure the desired end; and if this view be correct the whole matter would be greatly simplified. To constitute, however, ground for State interference, it must be conceded that the evil is of such magnitude as to endanger the welfare of society at large, and that it cannot

be reached by ordinary social or civil means. Can it be doubted, in the present state of our civilization, that syphilis is such an evil, and that, if not arrested, it will lead to the general decadence, and perhaps total destruction, of the race. A congress of all the nations of the earth should be convoked to discuss this subject and suggest plans for international action. A proper time to inaugurate the great work would be during the Centennial Celebration in Philadelphia, next year.

"In conclusion, your committee recommend to the Association, that if the legislative means suggested in this report be accepted, a committee be appointed to prepare proper bills to be submitted to the different legislative bodies of the country, and that the members of the profession be urged to use all their influence to secure their passage."

#### REQUISITES FOR NATIONAL SAFETY.

Since the reduction of prostitution and the prevention of contagion are the objects for which we are now laboring, there is no reason why we should not include in our legislation restrictions for the man as well as for the woman. It cannot be just to discriminate in the man's favor as regards the extension of privilege. Admitting the fact that in many persons of both sexes an impetuous appetite for sexual commerce exists, that is not a reason why one should be privileged to infect others. The inspection of sailors before landing; and of soldiers, including officers, should be stately and rigidly made whenever the public good would be endangered by the omission of inspection. These examinations could be made by the ship surgeon, and regimental surgeon, respectively; in exceptional instances, the inspection could be made by quarantine physicians and medical officers of public health boards; subjects of infection to be detained in quarantine or hospital until cured. From some army experience, the writer observed that officers were subjects of venereal diseases in as great a ratio as were private soldiers.

To reduce prostitution to its minimum and stamp out syphilis, we need laws that shall directly apply to these evils. The enactments could be made to apply to special counties, or to States; but should have reference to States. The law should provide for the creation of public health boards for each county, as subsidiary branches of a State board of health.

Each public health board should consist of an equal number of physicians and intelligent citizens truly interested in the health and welfare of society. Sex should not debar a properly qualified individual from serving on this board. The welfare of society being our object, there can be no doubt that good would result from an increase of the interest of women in the fallen of their sex; hence, in many places, an efficient woman physician should be appointed as assistant to the medical inspector, and should take charge of the examination of females. The public health boards should have authority to exercise all possible sanitary control over agencies that endanger health, especially all contagions. Syphilis being a special evil, special means must be provided for its destruction. Officers should be chosen to make correct registry, from time to time, of all houses of ill-fame, and of all women engaged in prostitution within the limits of the jurisdiction of these officers. All officers, whether medical or not, should be persons well known for conscientious uprightness of character. All persons keeping houses of ill-fame, and all women engaged in the practice or business of prostitution, should be systematically taxed for the purpose of providing a continuous revenue toward the maintenance of an industrial home and hospital in the county in which they reside. This industrial home and hospital should be a truly humane institution, embracing in the principles of its organization the advantages of the refuge, the home, the school of correction and industry, and the hospital. Such an institution could be made one of the greatest blessings of our government. To aid in providing appropriate grounds and buildings for these beneficent institutions, appropriations should be made by each county for that purpose. Sanitary inspection of all women following the vocation of prostitution should be made at least once a week, and whenever any were found to be diseased, they should be required to report at once, in person, at the industrial home, where they would receive prompt medical attention, be properly cared for, both physically and morally, be engaged in some useful occupation under instructive direction, to remain until cured of disease, and if reformation be possible, where they should stay until reclaimed, and be either restored to friends or aided in obtaining a way of leading honorable lives. Upon

due examination, each registered woman found free from infection should be furnished by the medical officer with a certificate of health, and accurate record of the same should be made for reference; and any woman found plying the vocation of prostitution without such properly authenticated certificate, should be liable to arrest for endangering the public health in violation of law. The public health board should be fully empowered to ferret out concealed haunts of prostitution, where the business is secretly conducted for the purpose of evading the law, and contagion certain to be spread among the male and female habitues of these places. There is no true reason why the business of prostitution should be clandestinely pursued so as to evade the payment of appropriate revenue, any more than why the distilling of whisky should be clandestinely conducted for a similar purpose.

Women following the business of ill-fame, for the money it can bring them from their patrons, become indifferent to the dangers of infection. One great cause of this recklessness is the fact that so many of these women are addicted to strong drink, and ply their trade while more or less under the influence of intoxicants. Furthermore, disease in the man may frequently be so concealed that the woman, through want of knowledge, would not detect her danger, though desiring to do so. Therefore, to stamp out syphilis, our special enactments should provide that every youth and man resorting to any house of ill-fame as patrons, or who consort with any woman practicing prostitution, shall present or be required to present a properly authenticated certificate from the medical officer of the Public Health Board, or from some other respectable physician in good and regular standing, setting forth that said person is free from specific disease, each certificate to be considered evidence of freedom from contagion for not longer than ten days from its date; each medical examiner to keep true and correct record of each examination of applicants; and any person, male or female, found guilty of making use of a fraudulent health certificate, or of otherwise evading the requirements of this act that apply to them, to be liable to arrest and fine for endangering the public health. All fines should be appropriated toward the support of the Industrial Home and Hospital for women. Since prostitution will always, to some extent, have an existence among us; since there will

always be some ready to give it money patronage, I would not promote its evils by withholding restrictions, nor cheapening its prosecution. If there are men as well as women whose propensities run in the course of ill-fame and danger, justice and wisdom enjoin their compliance with the requisites of public safety. If asked why I do not tax the man who patronizes, as well as the woman patronized, I answer, we must assess the expenses upon the person who conducts the business for its profits. If the business become too unprofitable for the woman to pursue it, then let her abandon it, as I hope she will. I would not smooth and gild the way of evil. The road of danger should be narrowed with restrictions and obstacles. At the same time I would extend to the erring such remedies as will reach them where they are, and will practically promote reformation. In this I would not in the least interfere with whatever good work others are endeavoring to accomplish with other means.

#### WHOSE IS THE MISSION?

It is needless to say this great work must be the mission of the medical profession. The work could at once be vigorously prosecuted by the great body of physicians composing the American Medical Association. Through the united efforts of this body, the work could be promptly carried into every State Medical Society and County Medical Society in the Union. From these, every medical practitioner in the country could be reached, and his aid obtained. But the work could also commence in any State body or any county society as well. None need wait for others. Prostitution is not peculiar to large cities. It exists in all our towns and villages; and syphilis is being spread from these smaller centres as well as from the larger. The responsibilities of physicians everywhere are alike.

An earnest address or circular, presenting the merits of the work, could be put into the hands of every physician, minister of the gospel, judge of the courts, magistrate, lawyer, statesman, and lawmaker. Every newspaper and other periodical publisher should be furnished with facts on the subject. Religious bodies should be addressed at their meetings; and the coöperation of all good people earnestly invoked. Private meetings of good citizens should be called (as has been recently done in Philadelphia in reference to suppress-

ing by law the traffic in obscene literature), the nature of our dangers explained, and a general interest in their avoidance awakened. Committees could be appointed to arrange and conduct this work, frame suitable bills for legislative action, and aid our lawmakers in giving us such laws as will practically conduce to the promotion of public health and virtue.

Do any say this work involves too much labor? To such we but need to reply that for years the opposers of this reform have been conducting a regularly-organized warfare against legislative interference. Societies have been formed to conduct the opposition; and addresses, public meetings, tracts and circulars, and special periodicals have been freely employed, through the misconception of our opponents, to thwart legislative prevention of contagion. It is, therefore, necessary that we enlighten the public mind, and reconstruct public sentiment in regard to the nature and dangers of the "social evil" that has been so long fostered in our midst. We must demonstrate even to opposers of law and order their mistakes; and they will then cordially rally with us to the support of truth and right. We must convince the people of the merits which animate this reform, and they will sustain it. In short, we must discharge our duties, not merely as good citizens, but as physicians, as sanitarians, as moralists, as philanthropists, let it cost what it may; for our mission is not unto ourselves merely—but to humanity—to God.

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#### CASE OF STRICTURE OF THE RECTUM, RECTO-VAGINAL FISTULA AND POSTERIOR ANAL FISTULA.

BY T. CURTIS SMITH, M. D.,  
Of Middleport, Ohio.

On March 25th, 1875, I was called to see Mrs. B., an octoroon. I found her to be a tall, large-boned, but slender woman, aged forty-eight years, of a highly nervous temperament. She was then weak, anaemic, emaciated; pulse 110; feeble. She was unable to sit up, had little appetite, slept badly, on account of her suffering, and a part of her suffering seemed to be purely mental, from brooding over her diseases.

On making inquiry I found that she referred all of her trouble to the rectum. She supposing that she had internal piles, careful examina-

tion disclosed the fact that she had a stricture of the rectum two inches from the anus, that, with considerable force, would barely admit the tip of my index finger. Also a small recto-vaginal fistula, opening into the vagina three-fourths of an inch above the fourchette, from which point it pursued a very tortuous course, opening into the rectum one and a half inches from the verge of the anus. My attention was also directed to a small teat-like eminence posterior to the anus, which upon inspection I found to be the outlet of a fistula which opened into the rectum three-fourths of an inch from the anal verge. Further inquiry elicited the statement from the woman that she had not had a free passage for (as near as she could remember) twenty years, and that during all that time the fecal discharges were of a narrow, ribbon shape, and always very painful. She was and had been very dyspeptic most of this time. The two fistula, she thought, were not more than two years old, but the recto-vaginal might be much older, as she had noticed for several years that the vaginal discharges had a fecal odor.

Here, I thought, was a case to cause a surgeon to think twice before acting, and one requiring a guarded prognosis, for the stricture would be very liable to recur in the future, and the fistula would not likely heal very readily until the constriction was removed, and probably not at all while she continued so anaemic and feeble.

I at once commenced dilatation with the finger, as no instrument at hand would be small enough to pass, but I found my efforts in this direction futile.

At my next visit I introduced beyond the stricture the point of a pair of bullet forceps, with which I could exert considerable leverage; with these the stricture was dilated sufficiently to admit the point of a trivalve French speculum of small size, but which opened widely on pressing the handles, and could be retained at any point of dilatation by means of a set screw. After several forcible efforts with this I got the stricture open enough to permit a slight view of the edges of the stricture; I then took a probe-pointed bistoury and notched the edges freely at four different points. This permitted very wide dilatation to take place, for after cutting the edges the tissues beneath tore freely under moderate pressure. The hemorrhage was free, but not serious. The stricture was dilated

daily for a week, and then every other or third day for three weeks longer, at the end of which time no hemorrhage would occur upon dilatation, and but very little pain was produced by it. The passages were now had with great comparative ease, and were always of normal size in diameter and appearance.

Attention was now turned to the recto-vaginal fistula, which I thought could now be cured, as the exciting cause of it was removed, and her general strength, under the use of iron, strychnia, and varied bitter and aromatic tonics, had much improved. I first tried, without much hope of success, the injection of a strong solution of nitrate of silver into the fistula, feeling that I would rather give her this chance for its cure than to open the recto-vaginal septum. This caused a high grade of inflammation through the fistulous tract, but resulted in thrubbling the size of the calibre of the fistula. As this seemed to indicate that the vitality of the parts was far from normal, and consequently that they probably would not readily heal, I concluded to give her a fortnight's rest from further operations, and continue the best tonic course I could devise. Accordingly for the next two weeks no operation was done, except the introduction of the index finger twice during the time, to see that the stricture of the rectum did not return.

After the time had elapsed, finding my patient much improved, I had her take a full dose of oil ricini, and an hour before operating gave a large enema. An elastic ligature was then carried through the fistula, from the vaginal side, and brought out at the anus; the perineal integument was divided, in order, as far as possible, to prevent the ligature from causing undue pain. The ligature was then tightened, and large doses of opium given, to restrain the bowels and prevent undue suffering. The ligature was tightened daily by pressing pledges of cotton under it at the perineal surface. It required eight days for it to cut its way through the tissues, but as fast as it cut its way, its tract completely healed, so that when it finally came away the fistula was completely closed, leaving nothing but a superficial slit at the perineum, which finally, but slowly, healed. A word here as to the elastic ligature. We have no doubt all noticed that this is called a painless method of dividing tissues. Such has not been my experience with it. In several cases of hemorrhoids where I have used it as a ligature, it caused as much pain and was fully as long

in accomplishing its work as the common silk ligature. In this case I think the woman suffered a hundredfold more from its use than she would had I used the knife, and followed it with quilled sutures to retain the parts in coaptation during the healing process. The result from its use was all that I could well desire, and further experience may prove to me that this was the best method to pursue; but that it is a painless method of dividing tissues is far contrary to my limited experience in its use.

After a rest of near a month, the posterior fistula was treated by introducing a grooved director, drawing the upper end out at the anus and cutting down upon it. The bottom of the fistula was cauterized and granulation from the bottom thus secured.

The patient in the whole course of treatment had gained considerably in strength and flesh, but was yet weak, pale, and troubled with indigestion. The case was now very much simplified. Examination of the rectum showed that two fingers could easily penetrate the strictured portion, and that little further trouble need be apprehended from this quarter, and the building up of the patient's system was the chief object of aim from this on. The whole course of treatment occupied five months, the patient being now in fair health, and states that she can go to stool without apprehensions of fearful and agonizing pain.

#### SURGICAL CASES.—I. SARCOMATOUS TUMOR. II. VOLVULUS.

BY A. G. WALTER, M. D.

(The following cases, written out by the late Dr. Walter, of Pittsburgh, were among his latest contributions to medical literature. — EDITOR REPORTER).

##### Sarcomatous Tumor of the Round Ligament, with Symptoms of Strangulation.

Case of Mrs. A. H. W., aged thirty-four years, of Jefferson township, Butler county, Pa.

On August 12th, 1875, I was called to see the patient in consultation, by her attending physicians, they considering the case one of strangulated femoral hernia, and desiring me to operate. I found the patient vomiting bilious matter, her pulse being quick and small, and the expression of the countenance anxious. She had had two stools. There was great tenderness over the whole abdomen and

shrinking under the slightest pressure. The thighs were kept fixed upon the abdomen. A firm, oblong swelling, four inches in length by three inches in width, occupied the right inguinal region, and extended from above the external abdominal ring down below Poupart's ligament. It was tense, even, and indistinctly fluctuating, and the labium majus of the same side was edematous. There was a dull sound under percussion, and pain under pressure, above the tumor, with induration of the deeper abdominal tissues for a distance of seven inches above the left groin. The integument covering and surrounding the tumor was inflamed, hot, red and swollen, a condition which I attributed to the efforts of the physicians at reduction, which I was informed were freely and perseveringly made.

The history of the case prior to the time when it came under my observation was as follows: When two years of age the patient fell upon a piece of wood, after which a small lump was noticed protruding from the external abdominal ring. It was painless, and from time to time varied in size, increasing, and again diminishing. It never became of sufficient size to occasion apprehension. Two months ago the patient was ill with puerperal fever, and at that time her medical attendant failed to discover any sign of a tumor, although he made a careful examination of the abdomen daily. Three days before I was called in consultation the medical attendant was summoned to see the patient, upon which occasion he found her in much the same condition that I did later, with the exception that the bowels were constipated. The patient stated that the tumor had increased to that extent in three days, it having been, prior to that time, of the size of a grape.

Assisted by Dr. Sweet, of Saxonburg, and Dr. Graham, of Butler, the former of whom administered chloroform, I cut down upon the swelling by an oval incision, and after dividing the fasciae, which were greatly thickened, and muscles, came upon a sac occupying the site of the round ligament and distinctly fluctuating. I punctured the sac, when some thick, yellowish serum, mixed with whitish flocculi, was discharged. The sac, which was also thickened, was then laid open and found to contain, in addition to an ounce of serum, an oblong tumor, two inches in length by one inch in breadth, of a yellowish white color and dense

consistence, extending by a narrow neck, of the size of a lead-pencil, through the abdominal rings into the cavity of the abdomen. I removed the tumor by sections, until I had taken away all outside of the cavity of the abdomen. The sac, also, was removed, on account of the fact that its inner surface presented the same thickened and villous appearance that is so frequently observed upon the inner surface of the tunica vaginalis testis in old hydroceles.

The wound was penciled with carbolized oil and its lips were approximated and united by an iron-wire suture. The patient awoke without discomfort from the anæsthetic state, and was treated by morphia and quinia, which were given pro re nata. Carbolized linseed-meal poultices were applied locally, with an ointment consisting of ext. belladonnæ and ung. hydrargyri to the painful swelling of the abdomen. The patient vomited twice during the twenty-four hours following the operation, but the disorder of the stomach was relieved by the use of a seidlitz-powder.

Two days later the patient was reported to be in good condition and rapidly convalescing, she having rested well at night and regained her appetite, and all of the tenderness of the abdominal walls having disappeared. The wound healed, without the surpervention of an untoward symptom, in a short time.

Five weeks after the operation Dr. Sweet reported that the patient had been out of bed for some time and was attending to her work. She had taken but one dose of morphia after the operation, but was kept upon quinia and a liberal diet for several days. There was but little suppuration, the wound healed kindly, and no vestige of the tumor remained.

An examination of the tumor after its removal revealed a band or cord of fibrous tissue in the middle, passing through its long axis; the remainder of the mass being apparently composed of condensed connective tissue mixed with a good deal of fat. The sac surrounding it was a serous membrane.

I gave a section of the tumor to a medical friend, for examination under the microscope, but thus far have not received from him a report of its histological characteristics.

Evidently, from its position, origin in the cavity of the abdomen and termination in the labium majus, as well as its structure, the cord of fibrous tissue passing through the tumor was the round ligament; and the tumor, of a sarco-

matous character, had grown from it in consequence, primarily, of the hurt received in early childhood. The serous sac surrounding the tumor was the canal of Nuck, and, with the serum it contained, furnished all the necessary data for constituting that rarity in pathology, hydrocele in the female.

The cause of the symptoms of strangulation is rather obscure, but it was in all probability a low form of peritonitis, which accompanied and may have occasioned the sudden increase in the quantity of serum contained in the sac enveloping the tumor.

#### Volvulus.

Case of Miss E. B., aged 14 years, of Allegheny City, Pa., December 22d, 1874. The patient was the child of unhealthy parents, her father dying of phthisis pulmonalis, and her mother being, for several years past, an inmate of an insane asylum. During the years of infancy and childhood she escaped none of the diseases incidental to those periods, but encountered them all, and recovered without any constitutional defect other than hypertrophy of the heart, which, however, was not sufficiently marked to occasion either annoyance or apprehension. She grew up tall, slender, and sprightly, exhibited a great deal of activity, and passed the greater part of her hours for recreation in jumping the rope and such like exercises.

For the last year she had been afflicted with morbus coxarius of the left side, but the disease had apparently made but little impression upon her constitution, for she was plump, well-rounded, and had a healthy color. She was under treatment for this disease, was apparently recovering, and was walking around on crutches, free from pain, and to all appearances in almost perfect health, when, on May 3d, 1875, she lost her appetite, commenced to vomit, became constipated, and suffered from excessive thirst. Three weeks previously she had been afflicted in much the same way, but on that occasion the symptoms were less distressing, and continued only for a single day. The vomiting became more frequent, and continued for six days, when it became stercoreaceous, and as there had been no motion of the bowels during this time, notwithstanding the use of cathartics, the friends of the child became alarmed, and I was sent for.

I found the patient in bed, her face being flushed, pulse and respiration rapid, and tongue

dry. Her breath had a sour, fecal odor. She complained occasionally of pain in the upper part of the abdomen, and pressure applied over the cæcum caused slight pain, but the rest of the abdomen was not painful under pressure. There seemed to be enlargement of the intestine in the locality of the cæcum, with dullness under percussion and slight pain. The abdomen was somewhat tympanitic. The face of the patient wore a rather anxious expression, and there was considerable emaciation of the body.

A flannel cloth wrung out in hot water, and sprinkled with spirits terebinth., was applied over the abdomen, and a large injection of warm water and spirits terebinth. was directed to be given. The following prescription was ordered:—

R. Hydrarg. submur., gr x  
Morphiae sulph. gr.  $\frac{1}{2}$ . M.

Sig.—To be taken every three hours.

8 o'clock P. M. She vomited five times, but the ejected matter only once was stercoceous. The pulse is quick and small, and the respiration deep, and one to every seven beats of the pulse; the skin is damp, and the tongue moist, but there is great thirst. The abdomen is still somewhat tympanitic, and there is some rumbling of gas in the intestine. There is less pain in the bowels, none is occasioned by pressure, and none is caused by moving the body. Large injections of gruel-water with lard and spirits of terebinth. were directed to be given every two hours. The use of the calomel and morphia was discontinued and the following substituted:—

R. Ammoniæ carb. and  
Soda bicarb. aa gr.j  
Morphiae sulph. gr.  $\frac{1}{2}$ . M.

Sig.—To be taken every two hours.

May 19th, 12 M. She has not slept any. Six injections were given without effect. She vomited every half-hour and sometimes oftener. The pulse is very small and 140 per minute, and the respiration is quicker than it has been; she tosses about and sighs frequently; the tongue is moist, but there is great thirst; the cheeks are flushed, the features sunken, and there is considerable emaciation; very little nourishment has been taken, and milk becomes sour and is ejected curdled; the abdomen is more tympanitic; there is scarcely any pain, except under pressure in the region of the

cæcum, where a knuckle of intestine swells out prominently at intervals and then disappears; a good deal of flatus is passed; there is some suppression of urine. A long rectal-tube was passed its whole length, twenty-three inches, into the bowel, and a half-gallon of warm water was injected through it; much of the water with a few small pieces of feculent matter passed out by the side of the tube; no movement of the bowels followed; she is to take pieces of ice in her mouth instead of drinking, and is to take quinæ et opii, aa gr. ss every hour.

May 10th. The same symptoms have continued and increased in intensity. The pulse is very small, wiry and frequent; the skin is dry, cool, and somewhat icterode, and the tongue is dry, coated and brownish. Pain, of a tearing character, about the umbilicus, is complained of. The mind is clear, but the features are more sunken; she is more emaciated and is less able to move herself. Only three ounces of urine were voided in the last twenty-four hours. A vesicans was applied over the region of the cæcum, and a half-gallon of cold water was injected into the bowel, but came away without effect.

May 11th, 12 o'clock, M. In the afternoon yesterday the condition of the patient improved greatly, and although there was no movement of the bowels, yet all of the untoward symptoms disappeared, and her condition warranted a favorable prognosis. Towards evening, however, there was a return of the unfavorable symptoms, and being now fully satisfied that they were not occasioned by impaction, I explained to the friends the possible utility of gastrotomy and requested permission to perform the operation. My request, however, was not acceded to. The patient rested with her eyes slightly open, dozing quietly from midnight till morning, but occasionally was delirious. She hiccupped several times. She took nourishment at intervals with whisky-punch. She lies in a dozing, apathetic condition, with a cool skin and flushed cheeks. The tongue is dry, and the teeth are covered with sordes. The pulse is very feeble and cannot be felt at the left wrist, and the respirations are very profound. The abdomen is more tympanitic. A half-pint of urine was withdrawn with the catheter. A suppository containing ext. belladonnae, gr. ss, and pulv. opii, gr. j, was introduced into the rectum.

8 o'clock P.M. The patient has remained in much the same condition, but has grown feebler, and has hiccuped frequently. She answers questions correctly, but is apathetic. A catheter was introduced, but the bladder contained nothing. The patient is moribund.

May 12 h. Her condition varied but little; she continued dozing, respiration heavily and slowly, hiccuped a good deal, and died at two o'clock, A. M.

*Autopsy*, ten hours after death. There was no rigor mortis, and the abdomen was still warm. The back and limbs were discolored; the abdomen was tympanitic. The omentum, of a purple hue, owing to venous congestion, was found spread all over the intestines and adhering, near the pubes, to the parietal portion of the peritoneum, which appeared healthy.

The intestines were greatly dilated with gas; the duodenum and jejunum were of the natural color, and no abnormality or obstruction was

present. At the distances of two and nine inches respectively from the cæcum, the ilium was tightly constricted by two bands of the mesentery, which effectually prevented even the passage of gas. One of the bands, that nearest the cæcum, was short, being apparently a portion of the meso-cæcum, while that furthest from the cæcum was a loop, eight inches in length, and formed a part of the mesentery, and was attached high up upon the spine, upon the same plane as the stomach. That portion of the ileum between the two constrictions was of a purple color, and it had apparently gone some distance toward gangrene; it was much contracted, and contained nothing. The mesenteric veins were enlarged and purplish, and the whole cavity of the pelvis was of a purplish hue. The bladder was empty, and its walls were thickened; the kidneys were large and congested; the fallopian tubes were of unusually large dimensions, as regards both diameter and length.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Chlorate of Potash as a Specific in Diphtheria.

Our readers will not have forgotten the very able article on this subject by Dr. Drysdale, in the *REPORTER*, March 17, 1877. In further support of his views, we quote the following, from a paper by Dr. Seelig Müller, in the *London Medical Times and Gazette*, August 25:—

Everybody knows that, of all remedies internally made use of against diphtheria, chlorate of potash has figured for a long time as the most useful, and has been constantly recommended anew in compendiums of treatment. But no less it is known to every physician how little, when used in doses and degrees of concentration commonly applied, this remedy can pretend to, the name of a successful one against diphtheria, else there would not have been internally and externally tried, recommended, and applied, so many other remedies besides chlorate of potash. Now, however, I depend on chlorate of potash in saturated solution—

R. Chlorate of potash, grammes 10  
Aq. dest., grammes 200

every hour or every two hours a spoonful—and nothing else! Gargling, anointing, brushing, and cauterizing, all this management, as time-wasting for the physician as

tedious for the little patients, may be omitted, without the physician accusing himself of neglect. Indeed, one needs not to be a homeopathist to feel very comfortable at this quiet *laissez-aller* in cases where one was to be incessantly on the move, and to be worn out with anxiety by the crying and spitting of the children, and all in order to arrive at nothing but the dying of the patients!

During the five years that I have ordered no other remedy against diphtheria besides our saturated solution, this remedy has proved successful in all cases of diphtheria, except a few that were neglected in the beginning, in which the blood was already profoundly altered, and systemic poisoning had occurred when I was consulted.

*Method of Administration*.—You have to give the above-named saturated solution of chlorate of potash (five per cent.) as long as there is to be found any relic of diphtheritic deposits; at the commencement, every hour; later, if the case progresses favorably, every two or three hours. To children above the age of three years a whole spoonful, and to those under that age half of one; mark well: during the beginning, day and night, without intermission. You have not to add to this solution any syrup or any other ingredient to sweeten the savor, because of the risk of diminishing surely of effect. Besides, I have had only a very few

children under treatment who would not take it without any forcing. Do not forget that drinks must not be allowed for some minutes after the administration, lest the solution might be washed away too quickly from the fauces. It is not necessary to add that I have ordered sometimes the same solution as a gargle when the children were capable of using it. I also washed the mouth and fauces with a sponge saturated with the same solution, or I introduced it through the nostrils by means of a nostril syringe, or by ordering the patient to snuff it in. But all this management is superfluous, and serves only to quiet the parents, lest they may think you have neglected something. Finally, it may be repeated that it is abundantly established by clinical experience that the internal medication alone is sufficient in all cases.

*Mode of Action.*—The symptom you will see disappear first is the fetid breath. I, myself, have seen the most penetrating odor removed within a few hours. At the same time, the diphtheritic deposits will diminish apparently, the sores that were at first covered with a creamy pus clean quickly, and an ulcer will remain behind which is disposed to rapid cicatrization. But what is most astonishing is the quick amelioration—not to say recovery—of the general state. Children whom I found in the evening, when I was called in, reduced by exhaustion and fever, the next morning were sitting up in their beds, fresh and without fever, demanding food, and playing. The cases in which I was obliged to employ any other medicament beside the chlorate of potash were extremely few, when some quinine was given for exhaustion.

#### On Rupture of the Membranes in Labor.

Dr. William Stephenson, Professor of Midwifery in the University of Aberdeen, in an article in the *British Medical Journal*, proceeds to discuss the diagnosis of the conditions which warrant us in having recourse to rupture of the membranes before the full dilatation of the os. The first point is the determination of the degree of expansion of the lower uterine segment. We have seen that the size of the external os is no criterion of expansion. The os, in fact, may be very small, and yet expansion may be complete. It is by the internal os that we can best judge, but this is hard to reach, and difficult to determine its exact site. There is one means, however, of ready access, whereby we can form a proximate opinion; it is the degree of dilatation or updriving of the vaginal cul-de-sac. This is a point which has been entirely left out in the consideration of the progress of the first stage. It is a matter of common experience to find, in the class of cases where we feel something is required to promote a labor with tardy dilatation of the os, that the upper part of the vagina is well expanded and drawn up, greatly increasing the perceptible diaphragm of the cervix, which alone obstructs

the continuity of the developed canal. Now, we know that the longitudinal muscular fibres of the vagina run upward, and are continuous with those of the body of the uterus, and that the attachments of the uterus in their upper portion correspond with the internal os. This portion, then, cannot undergo expansion without carrying with it the tissues which are in connection therewith. Consequently, we find that, as the first stage of labor advances, the upper part of the vagina is dilated until it seems to coincide pretty closely with the upper part of the bony canal. When, therefore, a considerable portion of the lower segment of the uterus can be felt in the vagina, and not merely through its walls, expansion is certain to be complete, whatever may be the size of the parturient ring; and the tissues composing it are those of the cervix proper, and not the uterus. Under such circumstances, I believe the membranes may be ruptured with advantage. It is, however, unnecessary, in many cases, to wait for the full development of the condition above described. I have taken the extreme state as being most readily understood, and indicating the direction in which our observations should be made.

Another class of cases, or it may be only an additional character to those of the first, are where the action of the uterus seems to be effecting, not steady dilatation, but extreme thinning of the tissue of the cervix; and also where the head is felt to be in close contact with the parturient ring, there being little or no bag of waters.

The next point to be considered is the quantity of liquor amnii; not the actual quantity, as is generally referred to when speaking of it being present in excess, but the proportion its amount bears to the size of the child, and also to the capacity of the amniotic sac. This latter is rarely quite filled; otherwise, it would remain much more tense than it usually does in the interval between the pains. If it be nearly or entirely distended, it will interfere with the power of restitution of form, by preventing alteration in the form of the uterus, and consequent action on the fetus, even though the actual quantity of waters is not greater than ordinary. In this circumstance, it must be regarded as really in excess, quite as much as where there is excess in actual quantity. Undue tension, therefore, of the membranes during a relaxed state of the uterus must be regarded as unfavorable to the mechanism of labor, and as warranting an earlier rupture of the membranes than under other circumstances.

The liquor amnii must also be considered in excess, irrespectively of actual quantity, if it be unduly great in proportion to the size of the child. Here, again, it interferes with the action of the force which restores form, or the axial force. If, therefore, the parts of the child be not recognizable externally with ordinary facility during a relaxed state of the uterus; if ballottement be unusually facile, and especially can be feit during a pain, the probability is

that there is a true excess of liquor amnii ; and this condition would fully warrant the rupture of the membranes before the full dilatation of the os ; the other conditions being favorable to the operation.

#### Nerve Stretching in Neuralgia.

Two cases of nerve stretching for neuralgia are given in the *Revue des Sciences Medicale*. The first recorded was a patient of Paul Vogt's, who had wounded the inner aspect of her right forearm by falling upon a cutting instrument. After the wound had healed, there was much impaired movement of the ring and little fingers, attributed to involvement of the flexor tendons in the cicatrix ; and at the same time the seat of the scar was exquisitely sensitive, especially at one point, which, on being touched, gave rise to acute pain, radiating into the fingers named. Every movement of the hand was painful ; and at first the pain was thought to be due to the presence of a foreign body in the wound. An exploratory incision failed, however, in discovering any such cause for the irritation of the nerve, and the patient's condition remained much the same, until, about a year after, Paul Vogt dissected out the ulnar nerve from the cicatricial tissue surrounding it, and, raising it out of its bed, practiced stretching of the nerve in both directions. The operation was immediately followed by the disappearance of the neuralgia, and in a few weeks the movements of the hand and fingers were re-established. There was no recurrence of the symptoms three years after the operation. The second case is related by Petersen, in which an extensive wound of the upper and inner part of the left leg was followed, on healing, by very severe attacks of deep-seated pain, again suggestive of the presence of some undetected fragment of metal with which the wound was inflicted. In this case also no foreign body was found on cutting down upon the injured limb ; but Petersen ascertained that the posterior tibial nerve was very sensitive, and that there was some extravasated blood in its sheath. Stretching was practiced, and with the same fortunate result as in Vogt's case.

#### Removing Foreign Bodies from the Oesophagus.

Dr. Reeves says, in the *Melbourne Medical Record*, "The plan is exceedingly simple, and it may be said to be the same as that adopted for extracting pieces of cork from bottles, the only difference being that the ends of the wire are bent outward and upward, instead of inward, and in place of a wire ring to compress the prongs, a large-sized catheter is passed down to their extremities, which, when the wires are passed beyond the obstruction, is drawn up to allow the prongs to expand. The instrument is made in the following manner : Three or four pieces of elastic wire, from twenty to twenty-four inches long, are twisted together down to within half an inch of their

extremities, the extreme ends of which are curved outward and upward, and carefully filed down, to prevent their injuring the coats of the canal. A piece of large-sized catheter of the same length is passed down, to prevent the prongs expanding, the extremities fitting well over the ends of the catheter, to admit of the instrument readily passing beyond the obstruction, without driving it deeper into the canal. The instrument, with the prongs closed, is passed down the gullet, well beyond the piece of bone or money, and the tube is then drawn up, the prongs expanding, bringing with it the foreign body. Some difficulty may be experienced with fine long fish-bones, from the extremities of the prongs not being able to obtain sufficient hold upon them to loosen them from their attachment to the mucous membrane ; but if a little floss-silk is passed loosely from the extremity of one prong to the other, this will be overcome."

#### Blood-letting in Uræmia.

A paper appeared recently in the Glasgow *Medical Journal*, by Dr. Robert Kirk, of Glasgow, on uræmia, with cases of scarlatinal dropsy, treated by blood-letting. The first case was that of a young man who, after a slight attack of scarlatina, was attacked with frequent convulsions. The attacks became very strong, and nearly continuous, with tonic and clonic spasms, and occasional stertorous breathing. In one of these there were violent convulsions, unconsciousness, foaming at the mouth, with dilated pupils. He was at once bled from the arm to sixteen ounces, three men holding the patient during the operation. The fits ceased almost immediately, a sort of comatose sleep alone remaining. This was about 8 p. m. Next morning, at six, he awoke, said he felt well, and took some food. The wound, moreover, had burst open, and he lost a good deal more blood, but his pulse was of the natural standard, and he was not the worse for the loss he had undergone. Diuretics were then administered, which brought away plenty of albuminous urine, loaded with lithiates ; he was discharged at the end of six days, and when seen six months afterwards, he was in the best of health, and not at all anaemic. Another case—a very bad one—appeared to show the good effect of local blood-letting in acute pulmonary oedema. Again, a boy of ten, is seized with violent convulsions, with only brief intermissions. Ordinary treatment is of no avail. He is bled from the arm, to twelve ounces. The fits immediately cease, and sleep supervenes, from which he wakes up apparently well, the urinary secretion is restored, and his health rapidly established.

In every case in which Dr. Kirk has tried blood-letting in scarlatinal dropsy, it has proved eminently successful ; and he would not hesitate to try the remedy again, "in preference to a farrago of sudorifics, diuretics, and purgatives, having always the lancet in reserve in case of

danger." Nor is he quite singular in his practice, for it appears that Dr. Bramwell, of Perth, published in the Edinburgh *Medical Journal*, for July, 1875, a notice of thirty-two cases of sciarlatinal dropsy, in which he frequently had recourse to general abstraction of blood, with the result of only one death out of the thirty-two cases, and that a case which was seen too late for treatment to be of any service. Among his cases were some of both pulmonary oedema and convulsions, in the treatment of which he resorted to depletion, with unequivocal success, whether it was practiced at any early stage, or not until those complications set in. He also generally found, as did Dr. Kirk, that free diuresis set in forty eight hours or less after blood-letting.

#### Treatment of Pleurisy.

In the Lyon *Medicale*, Dr. Alix states that among 155 cases of pleurisy without tubercular complication, he had four deaths. He gives digitalis at first whenever the temperature is somewhat high, whatever may be the amount of effusion, while absolute rest and a moderate diet are insisted on. The digitalis is continued in lesser doses for a longer time than in pneumonia, in consequence of the diuretic action attributed to it. When the temperature, which is never very high in pleurisy, has fallen, repose still being insisted on, he orders opium, and, if the pains are sharp, hypodermic injections, to secure sleep. When the effusion is only slight, the effects of the opium and warm bed are assisted by the application of large diachylon or pitch plasters to the thorax. It must never be forgotten, in treating pleurisy, that even in the most simple cases it is a disease of long duration; and it is forgetting this fact that has led to the hasty application of blisters and other painful means. Sometimes Dover's powder or diuretics may be prescribed; and in cases in which there is only a medium amount of effusion, absorption will take place just as quickly as under the use of revulsives. When the effusion, on the contrary, increases and becomes dangerous, paracentesis should be performed, the patient being placed in the recumbent posture, and the liquid only being slowly and partly withdrawn, when absorption will remove the rest. The operation should not be performed during the process of the formation of the fluid, as by disturbing this it may induce suppuration. It is, in fact, but rarely required.

#### Ergot in Goitres.

Dr. J. G. S. Coghill describes a case of goitre, in the London *Medical Times and Gazette*. He proceeds:—

As the usual remedies had been tried in vain, and the patient had positively declined a surgical operation, I determined to endeavor to reduce the tumor by injecting a solution of ergotin hypodermically. This treatment of tumors

was, I believe, first suggested by Prof. Hildebrandt, of Königsberg, and used successfully in fibro-myoma of the uterus. He employed an injection of a watery solution of three grains of ergot in glycerine. I used, in the present case, the ergotin disks of Messrs. Savory & Moore, which are most convenient, and thoroughly reliable. In all sixteen injections were made over the tumor, and as closely in contact with its substance as possible. I commenced with one disk, equal to one-third of a grain, and increased the amount gradually to three disks, equal to one grain of ergotin. They were simply dissolved in distilled water, and injected at blood heat. The first four injections were made daily, the next four at intervals of two days, and the others at longer intervals, the whole extending over two months.

The results were soon apparent, and were most satisfactory. The tension and dense consistence of the tumor first of all diminished rapidly, with great relief to the dyspnoea and dysphagia. The whole mass became gradually reduced in size, until the left lobe, which had always been the least, returned to its natural size, while the right and middle lobes certainly returned to half, at least, of their former dimensions. It is to be noted that, although the injections were at first, and for the most part, made over the right or larger side of the tumor, the left and central portions became much more rapidly, and to a comparatively greater extent, reduced in size. The nutrition of the entire body seems also to have been influenced to some extent by the remedy, for although the patient was by no means obese, she lost fourteen pounds in weight during the two months, but with no loss of strength or other deterioration of health.

#### On Sprains.

In a paper read before the Kentucky State Medical Society, Dr. R. O. Cowling calls to mind the importance of the subject, and quotes the quaint title given by Sayre to one of his essays, "Sprained Ankle, or, the Misfortune of Not Breaking your Leg," as being a statement containing much truth. The diagnosis is considered as sometimes hard between it and fracture, or even it and dislocation.

In considering the pathology of sprain, the writer states that much less attention is paid to diathesis than formerly, and that we look more to the local condition of affairs for a solution of the difficulty. Among the causes of chronic sprain are placed high-heel or run-down boots, and, in one instance, the continual lifting of a heavy coffee-pot. Languor of the circulation is the key to most of the conditions in sprain.

The author makes a good point in stating that, "as violence instituted the acute sprain, prolonged rest is the chief factor in keeping up chronic sprain."

As to the cachectic condition often connected with chronic sprain, he believes it to be an effect rather than a cause of the local trouble. He is of the opinion that struma, rheumatism and syphilis

"are often blamed for what they do not deserve ; and this accounts for the barren results of oils and iodines on the one hand, and the good results of local means on the other. While tonic treatment may be needed, local measures are most important. His treatment, condensed, is : "immobilization, mobilization and extension. Mobilization may be sudden and accompanied with friction and massage. There may be also used adjuvants of treatment, constitutional and local."

Acute sprain is treated by immobilization. Bathe in hot water—better than cold—and use until comparative ease is acquired, then the joint is made immovable by the many-tailed bandage. After five days, or so, a plaster-of-paris dressing is applied. Other useful, practical remarks are made concerning the treatment of acute sprain, which space will not allow us to copy. Chronic sprain requires passive motion. He shows us that the achievements of Hutton and other "bone-setters" depended upon this principle of treatment. Every joint not plainly inflamed was considered out. Manipulation is performed, a pop is heard, the joint is in—while it was really the noise of the breaking up of adhesions.

A very interesting and practical monograph, and well pays a careful perusal.

#### Pressure in Popliteal Aneurism.

An instructive hospital case is reported in the London *Medical Times and Gazette*, by Dr. E. L. Hussey of Oxford.

At the time of admission to the hospital, the skin of the thigh and groin seemed to be too tender to bear pressure; the patient was therefore ordered to remain in bed, with the limb bent at the knee and resting on a pillow. By degrees he became able to bend the leg fully, so as to bring the heel almost to the tuber ischii, and to keep it in that position for several hours at a time. The pulsation in the swelling was checked, but never completely stopped.

March 19th. A large compress of flannel was placed under the knee upon the popliteal space, with the intention of making additional pressure upon the tumor; and the leg was bound, in the bent position, to the thigh by several turns of a flannel roller. The compress produced so much pain in and around the knee that the patient removed it in the course of the night. The large veins of the leg and thigh were observed next day to be distended; the roller was therefore removed, and the patient was trusted to keep the limb fully bent, the best way he could, by his own efforts.

On the 26th, about eleven o'clock in the morning, a narrow bag of canvas, having the pointed end filled with sand, was loaded with shot (to the weight of eleven pounds and a half), and suspended from the rod which supported the curtains at the head of the bed. A piece of wash leather was laid loosely over the groin, and the weight, placed upon the artery where it passes over the pubes, was trusted to the patient, as on the former occasion. With the weight in position,

the circulation was fully controlled. The pressure was continued with more or less efficiency during the day, and in the night. The weight was not easily kept in place over the artery, nor was the pulsation in the tumor completely stopped with the limb in the bent position. After a trial of two or three hours the bent position was abandoned, and the limb was allowed to rest in an easy position, lying rather on its outer aspect.

About three o'clock in the following morning the patient thought that the pulsation in the tumor had ceased, and he took the weight off the groin. After breakfast he found the beating had returned, and he replaced the weight. In the middle of the day the swelling was examined by the house-surgeon. He found that the pulsation had ceased altogether, and he removed the weight. From this time there was not any return of it.

Although the patient was an intelligent man, taking an interest in the treatment, he became restless under a continuance of pain and confinement. A pill with morphia was given to him before the weight was put in position; it was repeated during the day and again at night. During the treatment, morphia in solution was also several times injected under the skin.

On April 7th, the patient was allowed to get out of bed, and to lie on the settee in the ward. He found the left foot to be much colder than the other, and he put on two worsted stockings.

He left the Infirmary on the 18th, able to walk well. The swelling in the popliteal space was much smaller than at the time of admission, hard, and not compressible. The anterior and posterior tibial arteries could not be felt at the ankle or in the foot.

#### Phosphorus Poisoning Attended with Cranial Hemorrhage.

We quote from a German exchange illustrations given by Heschl of cranial hemorrhage as one of the effects of poisoning by phosphorus.

In one case, that of a laborer, nineteen years old, by reason of the universally diffused hemorrhages, the fatty degeneration of the pancreas, kidneys, liver and muscles, phosphorus poisoning had been diagnosticated, and whose existence also, later was demonstrated by a post-mortem examination. In this case a hemorrhage the size of a walnut was found in the middle of the centrum ovale of the left hemisphere.

The doctor also states that he had opportunities of observing a case, in connection with Dr. Fürstner, for over a year, of an exactly similar case. This was an unmarried pregnant woman, who suddenly aborted, and, on account of right-sided phenomena, was brought to the infirmary for convulsive diseases. The autopsy revealed numerous hemorrhages in the cortical substance, especially in the left frontal lobes.

Fürstner has succeeded experimentally, in dogs, in producing brain hemorrhages by the subcutaneous injection of oil of phosphorus.

THE

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**REMARKS ON PRESCRIPTIONS.**

While we are of opinion that the use of Latin in writing prescriptions is an absurdity, only defensible on the ground not long since ingeniously urged by Dr. GEORGE M. BEARD, that it has a beneficial psychological effect on the patient (*omne ignotum pro mirifico*), nevertheless, if written at all, it should be with some general reference to grammar. So long as the *Dispensatory* retains the Latin names, it is proper to write the Latin forms. The difficulty is that there is not that uniformity in the latinizing of new words which is necessary to secure propriety of expression.

Take chloral hydrate; the usual form of the genitive seems to be *chloralis hydratis*, or else *chloral-hydratis*; but the German Pharmacopœia makes the nominative *chloralum hydratum*, and the genitive, of course, *chlorali hydrati*. This authority has, also, *glycerinum*, *glycerini*, where we, with certainly greater propriety, make a noun of the first declension, *glycerina*, *glycerinæ*.

The salts of the metals are usually latinized by us into feminine nouns of the third declensions governing a genitive, as *potassii permanaganas*; while the Germans make them neuters of the second declensions, e.g., *kali hypermanganicum*, *natrum bicarbonicum*, *plumbum acetum*. In these last examples we note how the adjective takes the place of the noun in our form, *plumbi acetum*.

It would be easy to multiply such examples, showing how wide is the discrepancy between "the learned language" of pharmacy in different countries. Verbal criticism is thrown away, when authorities thus differ.

The signs used in ordinary pr. scriptions have long been blocks of offence to some scrupulous minds. The mysterious R which heads the prescription, like the dollar mark (\$), remains a puzzle for antiquaries, as to how it originated and what it means, the parties who claim it as an abbreviation of *Recipe*, and for the sign of the planet Jupiter, being about equal. As for

the ʒ, and the ʒ (so easy to confound with ʒ) the British Pharmacopœia, as long ago as 1864, recommended "all who prescribe and dispense medicine" to discontinue their use, as nuisances; to which recommendation the persons referred to have paid no manner of attention. Grave mishaps from confounding them, either owing to the haste of compounders or the caco graphy of prescribers, continue with wonted regularity.

The convenient measures of so many drops or teaspoonfuls for dosage have never yielded an inch of ground, in spite of the fact that teaspoons vary in size as much as beer mugs, and that while forty-five drops make a drachm of water, it requires nearly three times as many (accurately speaking, one hundred and twenty) to make a drachm of laudanum.

Probably the better way to overcome all these troubles would be, not to seek reform by half measures, but with one fell swoop turn the whole regiment of apothecaries' weights and measures, and the whole army of Latin names, out of the Dispensatory and Pharmacopœia, and supply their place with English names and metrical weights.

#### NOTES AND COMMENTS.

##### On Phosphaturia.

Dr. Mallez, of Paris, at a recent meeting of the Société de Médecine Practique, read a very interesting paper on "Phosphaturia," and calcareous incrustation of catheters left permanently in the bladder in the treatment of certain affections. It is a well-known fact that all foreign bodies introduced into the bladder become rapidly covered over with ammoniaco-magnesian phosphate; and instruments introduced by the surgeon are, of course, subject to the same law. But this species of petrifaction is produced more or less rapidly according to the proportion of phosphates contained in the urine; and this proportion, according to Dr. Mallez, varies (1) with the conditions of alimentation; 2, with the state of irritation in the urinary apparatus; 3, the quantity of urine excreted, the proportion of phosphates being the

same; lastly, with the functional disorders of the spinal marrow, and particularly with depressing affections of the brain. In illustration of the last-mentioned condition, Dr. Mallez presented to the Society a catheter that he had removed from a patient suffering from general paralysis, and which, at the end of forty-eight hours, was so incrusted that he had great difficulty in withdrawing it. Dr. Mallez at the same time submitted to the Society some catheters, the vesical extremities of which were so coated with ammoniaco magnesian phosphate that the original thickness of the instruments was nearly doubled. From this circumstance Dr. Mallez comes to the following conclusion: "That, in all cerebro-spinal affections of a depressive character which necessitate the use of the catheter, the instrument should be replaced at the end of thirty-six or forty-eight hours, and never be allowed to remain beyond that time."

##### Treatment of Migraine.

According to M. Hervez, of Chégoïn, migraine is an arterial neurosis which takes its origin in the great sympathetic nerve, and its seat is in the nervous filaments which accompany the arteries, whilst it manifests itself in the dilatation of these vessels, and in the compression of the brain and other organs it produces. The treatment of migraine consists in combating the tendency to periodicity, the pain and the arterial dilatation. M. Hervez finds the following prescription of essential value in fulfilling those indications. He gives every day one pill containing about one grain of sulphate of quinine, one grain of tannic acid, and a seventy-fifth of a grain of aconitina. The dose may easily be increased to three or four such pills daily.

##### The Nitrate of Silver in Laryngeal Phthisis.

Dr. James Sawyer, of Birmingham, says, in a recent lecture: When the mucous membrane (of the larynx) is swollen or ulcerated, we ought regularly to brush it twice or thrice a week with a solution of nitrate of silver of the strength of one drachm of the salt to a fluid ounce of water. In this remedy, so used, I have had abundant ground for confidence; and I have found this kind of local treatment especially reliable in relieving or removing the difficulty of deglutition, which is often such a prominent and painful symptom in laryngeal phthisis. I suppose the nitrate of silver acts beneficially in

these cases mainly by deadening the morbid sensibility of the tumid and ulcerated mucous membrane; and it thus, by diminishing the tenderness of the parts, renders swallowing less painful, and also, by lessening the sense of laryngeal irritation, abates the tendency to coughing. In many cases, in order to produce these good results, it is sufficient to apply the remedy only to the swollen epiglottis and arytenoepiglottidean folds without carrying the brush within the rima glottidis. In simple chronic laryngitis, the application of a solution of nitrate of silver to the mucous membrane of the larynx is often of service, but it causes considerable pain, and sometimes rather alarming spasm.

#### Puncturing Hepatic Cysts.

At a recent session of the Medical Society of Paris M. Dieulafoy communicated an interesting case of hydatid cyst of the liver, cured by capillary puncture. The patient was a man, aged 31; he had been afflicted with a bulky abdominal tumor, situated in the right hypochondrium. The patient stated that he had an attack of urticaria about three years ago, and then pain in the right shoulder, and pleurisy in the right side. Two years ago the abdomen began to enlarge. At the time he was seen the patient's respiration was most labored; he had no appetite, and his strength was diminishing rapidly. M. Dieulafoy practiced capillary puncture, with the No. 2 needle of the aspirator, assisted by M. Monod, who had called him in consultation. The puncture permitted the escape of two thousand two hundred grammes of liquid (near half a gallon British), which, on examination by the microscope, presented characteristic hooklets. Almost immediately afterward there came on a general eruption of urticaria, which as rapidly disappeared. The patient recovered perfectly.

#### The Treatment of Sciatica.

Dr. Flemming gives, in the Berlin *Klinische Wochenschrift*, the results of his experience of forty cases of sciatica treated by a sand-bath. The patient is placed in a kind of trough, and the affected limb is surrounded by sand, at a temperature of 100° Fahr. or more, for half an hour; after this, a warm water bath is administered. Recovery is stated to take place, upon the average, after twenty-four sand baths.

#### Salicylates in Diabetes.

Dr. Muller Warnech, of Kiel (*Berlin. Klin. Wochenschr.*), has tried the salicylate of soda in two cases of diabetes mellitus, and finds:—

1. That it removes the symptoms, though not always permanently.
2. The symptoms disappear the more rapidly the larger the dose.
3. In moderate doses (9 or 10 grammes daily), its influence soon becomes exhausted, but larger daily doses (14 to 16 grammes), exert an increasing effect on the diabetes.
4. Salicylate of soda can be used without disturbance of the general health for a long time in diabetes. Any symptoms of poisoning at once disappear on stopping the medicine for a time.
5. Salicylate of soda has only a slight irritating effect, even if given for a long time, on the kidneys.

Sebstein, of Gollinger, used it in diabetes in 1876, with great benefit.

#### The Extirpation of Goitres.

Statistics are given in the *Deutsch Militärarzt*, 382, of all cases hitherto published, from which we learn that of 82, in which the whole tumor was removed—but probably not the whole thyroid—28 died; of 17 cases in which the total extirpation was certain, 2 died; 25 partial excisions, 5 died. The entire mortality amounts to 27 per cent., and it appears that the removal of the entire thyroid, if more difficult, was not more dangerous than partial excision. The latter operation should always be undertaken when only a single lobe is diseased.

## CORRESPONDENCE.

#### Death-Bed Studies.

ED. MED. AND SURG. REPORTER:—

Your editorial on death-bed studies calls to my mind a statement recently made to me by Mrs. E. M. Saxton, a lady now living in New Orleans, and highly respected for her literary and social virtues. She states that when she was a young girl, in her teens, she dreamed one night that her dead uncle Lawrence and her own mother came to her, and the uncle said he was coming to take her stepmother away with him. The stepmother was then in good health. She was so impressed with the thought that it woke her up, and she jumped out of bed in her night dress and ran to her father, to tell him of it. The father scolded her so hard, and seemed

so vexed, that he ordered her never to mention the matter again. In a day or two after this the stepmother, while with an excursion party, met with an accident which caused her death. When dying she exclaimed, "See! uncle Lawrence has come for me!" Mrs. Saxton is sure the stepmother did not know of the dream, and that it was a real vision to her. Suppose you ask your readers to report cases which have a similar bearing. M. L. HOLBROOK, M. D.

#### Puerperal Eclampsia.

##### ED. MED. AND SURG. REPORTER:—

I beg leave to say to Dr. E. G. Carpenter, of East Greenwich, R. I., that I do not call the case he reports one of real puerperal eclampsia. I have known females to have similar "fits" during a severe menstrual period. All convulsions from uterine irritation are far from being "real puerperal eclampsia." The following case, in brief, is similar in some respects to Dr. Carpenter's.

Mrs. W. J., German descent, aged 28, stout and apparently healthy, eighth pregnancy, seventh month, or thereabout. Fell in labor July 16th, 1877. I was called at 4 P.M. Had never attended her before. Had had "tearing pains" for a number of hours before I was called. For about five hours she had severe, and almost constant pains, when she was delivered of a small, shriveled, puny child, that lived a few hours. During these five hours she had several convulsive seizures; some of them, in fact, pretty smart convulsions. But how entirely different these were from a real true eclamptic fit, which I had witnessed in other cases, and in one just a few weeks previous. There was lacking the horribly distorted features, the livid face, purple lips, bloody foam from the mouth, the protruding and oscillating eyeballs, the stertorous breathing, the insensibility, and that peculiar, indescribable appearance that strikes terror to the hearts of the friends of the woman who is the subject of a real eclamptic seizure.

After Mrs. J.'s first so-called "fit," she stated to me that she always had such spells during every one of her labors. She was a great sufferer from after pains. She said that she usually had them for three to five days, and had never been relieved by anything. I thought that I could soon arrest them; but for twenty-four hours she had pains, fully as severe as they were before the birth. I sought for the cause in vain, and only arrested them entirely after thirty hours, by the use of morphia hypodermically administered, with chloral hydrate and potassa bromide by the mouth.

But, Mr. Editor, I wish to say that since my former report of six fatal cases of puerperal eclampsia, I have seen three genuine cases recover. The agencies which led to this favorable result, were, first and foremost, *blood-letting*, after the advice of Dr. Hiram Corson, of Conshohocken, Penn., and secondly, chloroform, thoroughly administered. Gentlemen may talk, and report cases of puerperal convulsions

cured by any other method, but I am quite sure that I shall continue to treat these cases by the method which has given me my only favorable results. I would reiterate, too, the advice of Dr. Corson, to bleed largely; be sure to take enough, with the firm belief that it is your sheet anchor, your only hope in real cases. And further, I would earnestly urge that every medical gentleman, before he leaves college, or his preceptor's office, to assume the grave responsibilities of a practitioner of our art, should be instructed, by practical example, how to perform the little operation of venesection. I know that such teaching is not fashionable now a days, and as a consequence there are medical men who have practiced a decade of years and have never done the operation, who then are for the first time called upon to perform it, and sorry work they make of it, too.

*Spring Valley, Minn.* R. L. MOORE, M.D.

#### NEWS AND MISCELLANY.

##### The Diseases of Morocco.

An interesting account of the diseases of the interior of Morocco is given by a writer in the *Medical Times and Gazette*. He says:—

It is certain that phthisis is very rare in Morocco. Three cases only were met with; one was that of a man who seemed to have contracted it from a rigorous imprisonment of thirteen years at Mequinez. This is the more remarkable, because scrofula in its external forms is not uncommon in children. Bronchitis is not unfrequent, and the same may be said of chronic rheumatism. No case of acute rheumatism was met, and diseases of the heart appear to be unusual. Dyspepsia, often of a severe kind, is exceedingly common, and is to be attributed to the voracity with which the Moors devour their *huscusoo*, and, amongst the better classes, to the practice of drinking very hot, very sweet, and very strong green tea several times a day. Cases of diabetes were also seen. The Moors lay great stress on fatness in their wives and concubines; and the ladies who have the misfortune to be thin form a large proportion of those applying for medical aid, with the hope of being able to attain the proper *embonpoint*. Barrenness is a frequent subject of complaint, and in the case of old men increase of virile power to a most unreasonable extent is also demanded. Skin diseases are very common, especially of the scaly class. But leprosy, which prevails in the city of Morocco, seems not to be indigenous at either Fez or Mequinez. A curious skin affection was met at Mequinez; it was that of a young man, a Jew, the cuticle of whose palms and soles had long continued to be shed in large thick flakes, as sometimes occurs after scarlet fever. He denied having had syphilis. Notwithstanding that the heads of all young males are invariably kept more or less closely shaved, scurfy ringworm (*linea tonsurans*) is so prevalent that it may be safely

said to be universal amongst children. Its commonness prevents its being regarded as worth interfering with ; and one is never asked to prescribe for even the worst cases. After puberty it wears out, and it is rare to see an adult affected. Ophthalmia of a virulent and (most likely) highly contagious kind is frightfully common. Flies, which swarm everywhere, may be seen crowding round inflamed eyes, the owners of which are too indolent to be at the constant trouble of driving them away. These insects are probably a constant means of communicating the disease. The number of people one meets who have lost an eye is remarkable, and besides these there is a larger number affected with opacities of the cornea in one or both eyes. Except in the case of beggars, the totally blind are not much seen in the streets. Another thing which calls the attention of the observer is the number of people who have lost noses. This, of course, points to the prevalence of syphilis. Notwithstanding the jealous way in which women are guarded in Morocco, prostitutes, Moorish as well as Jewish, exist in all the towns, and syphilis prevails among them. In the absence of all proper treatment, the ravages of the disease are very marked.

#### Sanitary Laws of Holland.

The sanitary laws regarding infectious diseases in Holland are models in their way, and are rigidly enforced. In 1865 it was made compulsory upon every medical man to give notice to the Government Medical Inspector of his province, and also to the mayor and aldermen of the town, within three days after he became aware that his patient was suffering from a disease that was dangerous to the public health ; but, as the diseases were not specified, the law was in practice only a permissive one. In 1873 the law was amended ; a list of diseases was added, including cholera, typhus, typhoid, scarlatina, diphtheria, measles, and subsequently dysentery ; and the householder as well as the medical man is required to give notice to the mayor and aldermen within twenty-four hours after the nature of the disease is known. On receipt of the information, the mayor is bound to cause the house to be marked with a placard on which are the words "CONTAGIOUS DISEASE," and the name of the disease in large letters. The mayor must also provide for the stamping out of the disease by disinfection, or, if necessary, destruction of infected articles, in which case he must allow compensation. The infected person is prohibited from going to another place, and children from the house are not permitted to attend school until eight days after the disease has ceased to exist, and the house has been disinfected to the satisfaction of the medical inspector of the province, or of a qualified medical man. When a disease is epidemic, the numbers of fresh cases and deaths are published by the mayor every week. Dr. L. J. Egeling, of The Hague, the Senior Inspector of Holland, thinks that the working of the

law is satisfactory, and that Holland has gained much by it. In Amsterdam and other towns, pollution of air, soil and water is prevented, by the adoption of the Liernur pneumatic system.

#### Sickness in the Russian Army.

LONDON, October 11th.—The *Standard's* Nicopolis special correspondent says he has trustworthy information that cold, rain, and lack of winter clothing are causing great mortality in the Russian Roumanian army. The number of deaths within the last twenty days are : Of the army before Plevna, 5000 ; of the Czarowitch's army, 4700 ; in the Dobrudsha, 3000, and at Tirnova and Schipka, 2000. The estimated total number of the Russians across the Danube is 230,000. The mortality is most frightful. Hospital gangrene, dysentery, and typhus are the main agents, and a wretchedly inefficient sanitary supervision the cause.

#### The Cholera.

The cholera is decreasing in the coast towns of China, but is still prevalent in the interior. There is great distress everywhere, from famine, caused by short crops and the ravages of locusts. Heavy floods are announced in the Southern Provinces. The Asiatic cholera has appeared in Yokahama and Nagasaki. Foreigners, so far, are exempt from the disease, and among the Japanese it is under good control. Ample precautions have been taken, and no spread of the disease is anticipated. The foreign ships of war have all left the harbors, to avoid it.

#### Women as Medical Students.

A correspondent of a British cotemporary writes from Paris : The general excellence of the examinations passed by the ladies, who are graduating here on precisely the same terms and at the same examinations as the men, affords an interesting commentary on the theoretical observations in the opposite sense. The seriousness and excellence of their studies is much remarked, and their results at examinations are much above the average, in some cases showing a high order of capacity and great industry.

#### Professorial Longevity.

The following interesting item is furnished by Professor L. A. Dugas to the New Orleans *Medical Journal* :—

"In 1832 the Medical College of Georgia was organized by six professors, four of whom are still holding professorships, having delivered their forty-fifth course of lectures last winter. These are : Lewis D. Ford, M.D., LL.D., Professor of Practice ; Joseph A. Eve, M.D., Professor of Obstetrics ; Louis A. Dugas, M.D., LL.D., Professor of Surgery ; Paul F. Eve, M.D., Professor of Surgery."

**The Wagner Free Institute of Science**

Opened its winter course October 1st. The lectures are as follows: Monday, Geology, by Professor R. D. Pease, M. D.; Tuesday, Architecture, by Professor C. E. Binder; Wednesday, Physics, by Professor John Child, Ph. D.; Thursday, Anatomy and Physiology, by Professor C. C. Vanderbeck, M. D., Ph. D.; Friday, Astronomy, by W. Curtis Taylor; Civil Engineering, by C. Henry Roney; Saturday, Elocution, by H. L. Thomas, U. S. A. The lectures will commence promptly at 8 o'clock. Tickets may be had by application to Messrs. James W. Queen & Co., No. 924 Chestnut street, or Professor W. Wagner, corner Seventeenth street and Montgomery avenue.

**The Yellow Fever.**

A number of cases of yellow fever of malignant type have occurred at Port Royal, South Carolina. The epidemic at Fernandina has continued with unabated violence. Urgent appeals have been made to the Mayor, and we are glad to say they have been nobly responded to. Nevertheless, great suffering has resulted, from want of medical supplies and nurses. Dr. T. P. Weford, one of the physicians who went to Fernandina from Jacksonville when medical aid was asked, is among the sick, and was reported dying. A dispatch from the Mayor of Port Royal says: We are in a deplorable condition here. There are now forty-eight cases of yellow fever under treatment. We are in want of food, nourishment and means to procure nurses for the sick. There are not enough convalescents to care for the sick.

**Personal.**

—Dr. E. O. Shakespeare, who was lately appointed ophthalmic surgeon of the Philadelphia Hospital, has been awarded by the trustees of the Massachusetts General Hospital the Warren triennial prize of \$400, for an essay "On the Healing of Arteries after Ligation." This prize was awarded only once before, when it was gained by another Philadelphian, Professor H. C. Wood, of the University of Pennsylvania.

—Professor Erasmus Wilson, F. R. S., at whose expense Cleopatra's Needle is being conveyed to England, is preparing a popular work on the subject of obelisks, which will serve as an introduction and explanation of the monolith.

—The death of Mr. Samuel Warren, author of that remarkable work, "The Diary of a London Physician," cannot be allowed to pass without regretful remark. Mr. Samuel Warren was made Master in Lunacy in 1859, and has not of late years been much before the reading public. His last considerable work was a novel—"Ten Thousand a Year"—but it is by the "Diary" he will be remembered. When a student of medicine at Edinburgh University, nearly half a century ago, Mr. Warren obtained that acquaintance with the more personal

aspects of our profession which he evinced throughout the series of papers in *Blackwood*, afterward published as the "Diary."

**Items.**

—At the ninth annual meeting of the Medical Society of the City of Wheeling the following gentlemen were elected officers for the ensuing year, to-wit: President, W. J. Bates, Sr.; Vice-President, L. D. Wilson; Secretary, D. B. Ward; Treasurer, J. C. Hupp; Curator of Museum, D. B. Ward; Board of Censors, Drs. Frissell, Hildreth and Hazlett.

—Despatches from Lourdes are printed every day in the *Paris Univers*, with such headings as "Three more miracles before midday," "Six more cures effected," and "Four new cases;" and then follow the names and addresses of those represented as cured, and descriptions of their ailments.

—At Cleveland, Ohio, a permanent organization has been formed by the friends of dumb animals, the name being the International Humane Society, with Edwin Lee Brown, of Illinois, Henry Bergh, of New York, and a number of gentlemen from different States as Vice-Presidents.

—The skeleton of a woman, lately sold to satisfy a claim for rent, against the estate of a country physician, had inscribed upon it:—"Miss Ida Montague, aged twenty-two years. Died of grief, May 25th, 1856. Her death-bed request: 'Honor your sanctum with my bones.'"

**QUERIES AND REPLIES.****The Hair.**

Can any of your readers recommend anything for promoting the growth of the hair? In a case which I am treating all efforts have proved unavailing. Perhaps some one may suggest something which I have overlooked.

PHILADELPHIENSIS.

Dr. A. J. M. would be glad to receive suggestions for the cure of the opium habit.

**MARRIED.**

RICHARDS—WHARTON.—On the 11th inst., by Rev. W. C. Robinson, 1437 North Twelfth street, Dr. John N. Richards, of Fallsington, Bucks county, and Miss Rebecca A. Wharton, of the same place.

**DEATHS.**

GRIFFITH.—At Parsons, Luzerne county, Pa., October 2d, 1877, Neilia Chisolm, youngest daughter of Dr. M. M. and Maggie Griffith, aged 6 months and 24 days.

MAHARG.—On September 18th, 1877, at Dav-nport Centre, Delaware county, New York, Arthur E. Maharg, aged 23 years 10 months and 17 days, only son of Samuel Maharg, M. D., and brother of Gertrude A. Maharg, M. D.